APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR Subject Matter:: UTILITY CD-ROM or CD-R?:: NONE

Title:: THROMBIN-CLEAVABLE FACTOR X

ANALOGUES

Attorney Docket Number:: 263989US0PCT

Total Drawing Sheets:: 4

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: , FULL CAPACITY

Given Name:: Virginie
Family Name:: LOUVAIN

City of Residence:: Le Plessis Robinson

Country of Residence:: France

Street of Mailing Address:: 166, avenue de la Resistance

City of Mailing Address:: Le Plessis Robinson

Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: 92350

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Elsa

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

BIANCHINI

Philadelphia

Pennsylvania

United States

4410 Pine Street

Street of Mailing Address:: 4410 Pine Street
City of Mailing Address:: Philadelphia

State or Province of Mailing Address:: Pennsylvania
Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 19104

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: FULL CAPACITY
Given Name:: Pierre-Emmanuel

Family Name:: MARQUE
City of Residence:: Paris
Country of Residence:: France

Street of Mailing Address:: 7, rue Nicolas Houet

City of Mailing Address:: Paris
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: 75005

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France
Status:: FULL CAPACITY

Given Name:: Claire

Family Name:: CALMEL-TAREAU

City of Residence:: Paris
Country of Residence:: France

Street of Mailing Address:: 75, boulevard de Charonne

City of Mailing Address:: Paris
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: 75011

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Martine
Family Name:: AIACH
City of Residence:: Sevres
Country of Residence:: France

Street of Mailing Address:: 70, rue Brancas

City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

92310

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Family Name::

City of Residence::
Country of Residence::

Street of Mailing Address::

City of Mailing Address::
Country of Mailing Address::

Postal or Zip Code of Mailing Address::

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

REPRESENTATIVE INFORMATION

Representative Customer Number::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: This Application National Stage of

Parent Application:: FPCT/EP03/07793

INVENTOR

FULL CAPACITY

6, rue des Lyonnais

LE BONNIEC

France

Bernard

Paris

Paris

France

75005

22850

22850

France

Parent Filing Date:: 06/30/03

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
0208299	France	07/03/02	YES

ASSIGNMENT INFORMATION

Assignee Name::

INST. NAT'L DE LA SANTE ET DE LA

RECH. MEDICALE

Street of Mailing Address::

101, rue de Tolbiac

City of Mailing Address::

Paris

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

75013